Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

19 L Open to Public Inspection

OMB No. 1545-0047

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Go to www.irs.gov/Form990 for i	nstructions and the latest information.

A	or the	2019 calendar year, or tax year beginning JU	N 1, 2019 and	ending M	AY 31, 2020	
B	Check if applicable	C Name of organization			D Employer identit	fication number
	Addres	BENEVOLENT HEALTHCARE FOUNDATION				
	Name change	Doing business as PROJECT C.U.R.E.			84-1568566	5
	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numb	er
	Final return/	10377 E GEDDES AVENUE		200	303-792-072	9
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	59,117,622.
	Amend	CENTENNIAL, CO 80112			H(a) Is this a group	
	Application	I F Name and address of principal officer: W DOD	GLAS JACKSON		for subordinate	es? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	
1.1	Tax-exe	mpt status: X 501(c)(3) 501(c) () ·	(insert no.) 4947(a)(1)	or 🚺 527	If "No," attach	a list. (see instructions)
_		WWW.PROJECTCURE.ORG			H(c) Group exempti	on number 🕨
			sociation 🔄 Other 🕨	L Year	of formation: 1987	M State of legal domicile: CO
Pa	1	Summary				
0	1 1	Briefly describe the organization's mission or most			CT & DISTRIBUTE	
Activities & Governance		MEDICAL EQUIPMENT & SUPPLIES TO THE WO				
ernä	2 (Check this box 🕨 🔝 if the organization discon		sed of more	than 25% of its net as	
Ň	3	Number of voting members of the governing body (
ي م	4	Number of independent voting members of the gov				
es	5	fotal number of individuals employed in calendar ye				
iviti	6	Total number of volunteers (estimate if necessary)				
Act	7 a 1	Total unrelated business revenue from Part VIII, col				
_	b	Net unrelated business taxable income from Form S	990-T, line 39			
				-	Prior Year	Current Year
e	8				76,026,087	
Revenue	9				0	
Sev	10	nvestment income (Part VIII, column (A), lines 3, 4,			-111,962	
	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-65,689	
		Total revenue - add lines 8 through 11 (must equal l			75,848,436	
		Grants and similar amounts paid (Part IX, column (A			0	
		Benefits paid to or for members (Part IX, column (A)			0	
es	15	Salaries, other compensation, employee benefits (P			2,601,026	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)	102	0	. 0.
ăx	. b	Total fundraising expenses (Part IX, column (D), line			E1 111 005	FE 048 450
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d,			54,441,236	
		Fotal expenses. Add lines 13-17 (must equal Part I)		······	57,042,262	
		Revenue less expenses. Subtract line 18 from line	12		18,806,174	
Assets or				Be	ginning of Current Year	
sset	20	Fotal assets (Part X, line 16)			83,340,031	
Net A	21	Total liabilities (Part X, line 26)			5,535,271 77,804,760	
	art II	Net assets or fund balances. Subtract line 21 from	line 20		77,804,700	• 78,587,408.
100.000		ties of perjury, I declare that I have examined this return,	including accompanying echodule	and statem	ante and to the best of n	ny knowledge and belief it is
		t, and complete. Declaration of preparer (other than office				ny kilowieuge allu bellei, it is
true	, correc	, and complete. Declaration of prepare (other than office		nich preparei		5.21
0:-		Signature of officer			Date	
Sig		W DOUGLAS JACKSON, CEO & PRESIDEN	ጥ			
He	re	Type or print name and title	•			
		,	Preparer's signature		Date Check	PTIN
Pai	h	Print/Type preparer's name/ DORI J. EGGETT	DORI J. EGGETT		2/15/20 if self-emp	
	u parer	Firm's name PLANTE & MORAN, PLLC		F	Firm's EIN	38-1357951
	e Only	Firm's address 8181 E TUFTS AVE, SUITE	600			
030	only	DENVER, CO 80237			Phone no 30	3-740-9400
Ma	v the I	AS discuss this return with the preparer shown abo	ve? (see instructions)		11101010.0	X Yes No
ivia	y the I	to discuss this return with the preparer shown abo				

LHA For Paperwork Reduction Act Notice, see the separate instructions. 932001 01-20-20

<u>Fo</u> rm	990 (2019) BENEVOLENT HEALTHCARE FOUNDATION	84-156	8566 Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: PROJECT C.U.R.E.'S MISSION IS TO IDENTIFY, SOLICIT, COLLECT, SORT, AND		
	DISTRIBUTE MEDICAL SUPPLIES AND SERVICES ACCORDING TO THE IMPERATIVE		
	NEEDS OF THE WORLD.		
2	Did the organization undertake any significant program services during the year which were not listed o	n the	
-	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?	X Yes No
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program serv	vices as measured by	v expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$56,079,151. including grants of \$) (Pevenue \$)
ти	PROJECT C.U.R.E. DISTRIBUTES MEDICAL EQUIPMENT AND SUPPLIES TO THE MOST		/
	DESPERATELY NEEDY PEOPLE OF THE WORLD. SINCE INCEPTION, WE HAVE		
	DELIVERED MEDICAL CARGO LOADS TO MORE THAN 120 COUNTRIES.		
			,
4b	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 56,079,151.		
			Form 990 (2019)
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BENEVOLENT HEALTHCARE FOUNDATION Form 990 (2019) BENEVOLENT HEALTHO

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
d	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
a		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
1Lu	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		<u>35a</u>		
u	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2019) BENEVOLENT HEALTHCARE FOUNDATION 84-156856	6	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>
, ca	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	14		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
c Fo		50		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x
h.	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		
		_	000	(0010)

Form **990** (2019)

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			-
0	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
4.	Enter the number of voting members of the governing body at the end of the tax year 10	\	Yes	No
а		4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		77	
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow^{ m AZ}$, TN			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	for public inspection. Indicate how you made these available. Check all that apply.			
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Other (explain on Schedule O)			
18	Own website X Another's website X Upon request Other (explain on Schedule O)	d finano	cial	
18	Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
18 19	Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	d finano	cial	
18	Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records >	d finano	cial	
18 19	Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	d finano		

Form 990 (2		LTHCARE FOUNDATION		Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
	Check if Schedule O contains a response	se or note to any line in this Part VII							
Section A.	Officers, Directors, Trustees, Key En	nployees, and Highest Compensated En	nployees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck ss pe	rson i) than o s both pr/trus	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)		In stitutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) W DOUGLAS JACKSON	60.00									
PRESIDENT & CEO		Х		Х				189,287.	0.	21,644.
(2) BILL PAULS	1.00									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(3) RICHARD CAMPBELL	1.00									
DIRECTOR		Х						0.	0.	0.
(4) CHARLIE FOTE	1.00									
DIRECTOR		Х						0.	0.	0.
(5) DR. JAMES JACKSON	10.00									
FOUNDER AND DIRECTOR		х						0.	0.	0.
(6) BRAD LIDGE	1.00									
DIRECTOR		х						0.	0.	0.
(7) THOMAS MALLEY	1.00									_
DIRECTOR		х						0.	0.	0.
(8) CINDY MCCAIN	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(9) BRUCE SCHROFFEL	1.00									0
DIRECTOR	1 00	X	<u> </u>			<u> </u>		0.	0.	0.
(10) DANIEL YOHANNES	1.00								0	0
DIRECTOR	50.00	X	<u> </u>			-		0.	0.	0.
(11) GEORGE ROBERGE SENIOR VP	50.00			x				107 144	0.	2 100
(12) KRISTOFER ANDERSON	50.00		-	^		-		107,144.	0.	2,198.
VP OF OPERATIONS	50.00					x		138,971.	0.	6,125.
(13) MELISA ESPOSTI	40.00		-					130,571.	· ·	0,123.
DIRECTOR OF GOVERNMENT AND NGO RELAT	40.00	·				x		109,064.	0.	9,624.
								105,001.	.	5,021.
		1								
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Form 990 (2019) BENEVOLENT HE	CALTHCARE F	OUN	DAT	ION					84-15	6856	6	Pa	age 8
Part VII	Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable		Fs	timate	ed
		hours per								compensatio			nount	
		week	officer and a director/trustee) from						· ·	from related			other	
		(list any	ctor						the	organization	s	com	pensa	tion
		hours for	r dire				eq		organization	(W-2/1099-MIS	SC)	fr	om th	е
		related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
		organizations	l trus	nal tr		oyee	duo					an	d relat	ed
		below	Individual trustee or director	Institutional trustee	cer	ƙey employee	nest o	Former				orga	anizati	ons
		line)	Indi	Inst	Officer	Key	Highest compensated employee	Forr						
									544.466					F 0 4
1b Subt									544,466.		0.		39,	591.
	I from continuation sheets to Part VI								0.		0.			0.
	I (add lines 1b and 1c)								544,466.		0.		39,	591.
2 Total	I number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			
com	pensation from the organization 🕨													4
											,		Yes	No
3 Did t	he organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1	1a? If "Yes," complete Schedule J for si	uch individual										3		Х
	any individual listed on line 1a, is the su													
and i	related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	edule	Jf	for such individual	-		4	х	
	any person listed on line 1a receive or a													
	ered to the organization? <i>If "Yes." com</i>	-				-			•			5		Х
	3. Independent Contractors	<u>proto corrodure</u>	<u>, o r</u>	51 00		2010	011 .							
	plete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	's th	nat received more than \$	100.000 of com	oensat	ion fro	om	
	organization. Report compensation for t	-												
	(A)	<u>ine culoridui y</u>			. <u>g</u>				(B)			(0	;)	
	Name and business	address	NO	NE					Description of s	ervices	С		nsatio	n
								\neg						
								-						
								\dashv						
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	I number of independent contractors (ir	•	ot lin	nitec	d to f			ted	above) who received mo	ore than				
\$100),000 of compensation from the organiz	ation 🕨				(0						000	
												Form	990 (2	2019)

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and a state statest state state statest state state statest state state state state			(2013)			ICAI	RE FOUNDATION	I		84-156856	6 Page 9
and the second of the	Pa	t VI	II Statement of Re	evenue							
Total revenue Presenue schede Unvertee Unver			Check if Schedule O	contains	a respor	ise d	or note to any line	e in this Part VIII			
Bit Product Compaging 1a 1a 1a 1 a Federated Compaging Semits 1a 1a 1a 1a 1 a Federated Compaging Semits 1a 1a 1a 1a 1a 0 Government prants (contributions) 1a 1a <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>. ,</td><td>Related or exempt</td><td>Unrelated</td><td>Revenue excluded</td></t<>								. ,	Related or exempt	Unrelated	Revenue excluded
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Business Code Business Code Image: Code <thimage: code<="" th=""></thimage:>	but		similar amounts not included	d above	. 1f		57,951,913.				
Business Code Business Code Image: Code <thimage: code<="" th=""></thimage:>	dri	ç	Noncash contributions included in	lines 1a-1f	1g \$		49,514,809.				
900 2 a b	аS	ł	Total. Add lines 1a-1f				🕨	58,717,875.			
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e Total. Add lines 11a-11d ▶ 58,652,522. 0. 90,875. -156,228 12 Total revenue. See instructions ▶ 58,652,522. 0. 90,875. -156,228	ellar ven					_					
e Total. Add lines 11a-11d ▶ 58,652,522. 0. 90,875. -156,228 12 Total revenue. See instructions ▶ 58,652,522. 0. 90,875. -156,228	Sce										
12 Total revenue . See instructions ▶ 58,652,522. 0. 90,875156,228	ž										
								58,652 522.	0 .	90 875.	-156,228.
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BENEVOLENT HEALTHCARE FOUNDATION

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	Check if Schedule O contains a response include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations		experieee	general expenses	experiese
	d domestic governments. See Part IV, line 21				
	ants and other assistance to domestic				
ind	lividuals. See Part IV, line 22				
	ants and other assistance to foreign				
org	ganizations, foreign governments, and foreign				
ind	lividuals. See Part IV, lines 15 and 16				
4 Be	nefits paid to or for members				
5 Co	mpensation of current officers, directors,				
tru	stees, and key employees	273,708.	140,792.	59,575.	73,341
6 Cor	mpensation not included above to disqualified				
per	rsons (as defined under section 4958(f)(1)) and				
per	rsons described in section 4958(c)(3)(B)				
7 Oth	her salaries and wages	2,099,333.	1,090,098.	11,059.	998,176
B Per	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	her employee benefits	210,046.	132,561.		77,485
	yroll taxes	169,274.	90,038.	4,766.	74,470
	es for services (nonemployees):				
a Ma	anagement				
	gal	150 101		150.101	
	counting	179,181.		179,181.	
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
-	her. (If line 11g amount exceeds 10% of line 25,				
	umn (A) amount, list line 11g expenses on Sch O.)	314,167.	10,245.	2,277.	301,645
		40,270.	33,123.	3,160.	3,987
		21,283.	10,641.	5,321.	5,321
	ormation technology		10,011.		
		968,544.	962,758.	2,893.	2,893
	cupancy	456,510.	408,666.	1,739.	46,105
	yments of travel or entertainment expenses				,
	any federal, state, or local public officials				
	onferences, conventions, and meetings				
		208,907.	197,883.	5,011.	6,013
	yments to affiliates				, –
	preciation, depletion, and amortization	237,054.	220,257.	7,586.	9,211
		46,598.	39,584.	7,014.	,
	her expenses. Itemize expenses not covered	,	,	,	
abo	ove (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column (A) ount, list line 24e expenses on Schedule 0.)				
	NATED MEDICAL EQUIP	50,577,824.	50,577,824.		
b SH	IPPING	1,286,072.	1,286,072.		
	DICAL SUPPLIES PURCH	614,064.	614,064.		
	ES AND PROFESSIONAL E	136,755.	54,467.	13,413.	68,875
e All	other expenses	230,224.	210,078.	8,265.	11,881
	al functional expenses. Add lines 1 through 24e	58,069,814.	56,079,151.	311,260.	1,679,403
6 Joi	nt costs. Complete this line only if the organization				
	orted in column (B) joint costs from a combined				
-	ucational campaign and fundraising solicitation.				
01	eck here I if following SOP 98-2 (ASC 958-720)				

932010 01-20-20

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Form 990 (2019)

932011 01-20-20

Form 990 (2019)

Part X Balance Sheet

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					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			33,118.	1	100,193.
	2				1,698,345.	2	3,922,631
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			173,383.	4	73,027
	5	Loans and other receivables from any current or	officer, director,				
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			74,777,127.	8	73,610,687
As	9	Duran side some some som de de former de de some s			204,195.	9	141,702
		Land, buildings, and equipment: cost or other				_	
		basis. Complete Part VI of Schedule D	10a	9,284,110.			
	b		10b	2,930,317.	6,453,863.	10c	6,353,793,
	11	Investments - publicly traded securities	· · · ·		0.	11	95,605.
	12	Investments - other securities. See Part IV, line 1				12	, ,
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			83,340,031.	16	84,297,638
	17	Accounts payable and accrued expenses		i i	355,376.	17	421,376
	18	Grants payable	,	18	,		
	19	Deferred revenue	20,877.	19	0.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F		21			
	22	Loans and other payables to any current or form		21			
Liabilities		trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	5,159,018.	23	4,976,655.		
	24	Unsecured notes and loans payable to unrelated	0.	24	467,000		
	25	Other liabilities (including federal income tax, pa		· ·	27		
	20	parties, and other liabilities not included on lines	-				
		- Coloradada D		0.	25	45,139.	
	26	Total liabilities. Add lines 17 through 25		5,535,271.	26	5,910,170	
	20	Organizations that follow FASB ASC 958, che			-,,	20	-,,
ŝ		and complete lines 27, 28, 32, and 33.					
nce	27				76,635,198.	27	76,831,773.
sala	28	Net assets with donor restrictions		F	1,169,562.	28	1,555,695
Б	20	Organizations that do not follow FASB ASC 9				20	
Fun		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29			
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
et ∕					77,804,760.	31	78,387,468.
Ź	32	Total net assets or fund balances		I	83,340,031.		84,297,638.
	33	Total liabilities and net assets/fund balances			00,040,001.	33	Form 990 (2019

BENEVOLENT HEALTHCARE FOUNDATION

Check if Schedule O contains a response or note to any line in this Part X

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Page 11

Form	990 (2019) BENEVOLENT HEALTHCARE FOUNDATION	84-156856	6	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,	652,	522.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,	069,	814.
3	Revenue less expenses. Subtract line 2 from line 1	3		582,	708.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,	804,	760.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	78,	387,	468.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a			2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			77	-
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,	0-	x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Λ	
26	If the organization changed either its oversight process or selection process during the tax year, explain on Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sinc				
Ja		ne Audit	20		x
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	a audit	3a		
a	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	or addres, explain why on schedule of and describe any steps taken to undergo such addres			000	

Form **990** (2019)

932012 01-20-20

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(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2019
Open to Public

		of the Treasury enue Service			Attach to Form 990 or F			formation		Open to Public Inspection
		the organizati		Go to www.irs.go	v/Form990 for instruction	ons and tr	le latest li	normation.	Employor	identification numbe
INAI	ne oi	the organization		LENT HEALTHCARE						84-1568566
P	art I	Reason			All organizations must co	malata th	ic part) Sc			04-1000000
		•							5.	
	orga	1	•		For lines 1 through 12, c		,			
1					on of churches described			I)(A)(I).		
2		1			(Attach Schedule E (Forn					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name								
4			0	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
		city, and state	-							
5					llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		1		Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	intial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	lly receives: (1) more	e than 33 1/3% of its sup	port from a	contributio	ns, membersl	hip fees, an	d gross receipts from
		activities rela	ted to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a thro	ough 12d that	describes the type o	of supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
á	a 🗌	Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
k)	Type II. A s	supporting org	anization supervised	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring
		control or n	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
C	: [Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
		its supporte	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.		
C	d [Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppor	rted organiz	zation(s)
		that is not f	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requiremen	nt (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.		
e	• [Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	Type III non-functio	nally integrated supporti	ng organiz	ation.			
1	f Ent	ter the number								
ç	g Pro	ovide the followi	ing informatior	about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	nization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other
		organization	ו		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions
						1				
Tot	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 BENEVOLENT HEALTHCARE FOUNDATION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 99.83 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Ta 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances test - 2018. If the organization qualifies as a publicly supported organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 	Sec	Section A. Public Support										
membership fees received. (Bo not include any 'unusual grants.') 63, 641, 937. 71, 337, 288. 79, 980, 289. 76, 026, 087. 58, 717, 875. 349, 703, 486. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalt 63, 641, 937. 71, 337, 288. 79, 980, 289. 76, 026, 087. 58, 717, 875. 349, 703, 486. 3 The value of services or facilities furnised by a governmental unit to publicly supported organization without charge downer with an exceeds 2% of the amount shown on line 11. 63, 641, 937. 71, 337, 288. 79, 980, 289. 76, 026, 087. 58, 717, 875. 349, 703, 486. Section B. Total Support 63, 641, 937. 71, 337, 288. 79, 980, 289. 76, 026, 087. 58, 717, 875. 349, 703, 486. Section B. Total Support 63, 641, 937. 71, 337, 288. 79, 980, 289. 76, 026, 087. 58, 717, 875. 349, 703, 486. Section B. Total Support 63, 641, 937. 71, 337, 288. 79, 980, 289. 76, 026, 087. 58, 717, 875. 349, 703, 486. Section B. Total Support 63, 641, 937. 71, 337, 288. 79, 980, 289. 76, 026, 087. 58, 717, 875. 349, 703, 486.	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
Include any "unusual grants.") 63,641,937. 72,337,288. 79,980,299. 76,026,087. 58,727,875. 349,703,486. 2 Tax revenues levied on its behalf and its paid to or sepended on its behalf and its paid to or sepended on its behalf and its paid to or sepended on its behalf and its paid to or sepended on its behalf and its paid to or sepended on its behalf and its paid to or sepended on its behalf 3 The value of services or facilities furnished by a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 63,641,937. 72,337,288. 79,980,299. 76,026,087. 58,727,873. 349,703,486. Section B. Total Support Calced any press (ifter than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) at9,703,486. at9,703,486. Calced support secretive sime lea! Of field support secretive sime lea! at9,703,486. Calced support secretive sime lea! at9,703,486. Calced support secretive sime lea! at9,703,486. Calced support secretive sime lea! at9,703,486. Calce size of the support secretive size of the suppaid size of the support secret size of the sup	1	Gifts, grants, contributions, and										
2 Tax evenues level for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 63 Public support. Solvesci line 5 ten line 4 64 Public support. Solvesci line 5 ten line 4 63 Calladar year (or fiscal year beginning in) the diagramment of the sale or capital as exceeds 2% of the amount shown on line 11, column (f) 64 Public support. Solvesci line 5 ten line 4 65 Public support. Solvesci line 5 ten line 4 66 Otal in line 1 that exceeds 2% of the amount shown on line 11, column (f) 67 Amounts from line 4 68 Gross income from initiars sources in solves as a splining in) the solves of the monishill's sources and lines from initiars sources and lines the solves of an advectives and lines tens. royalite, and income from initiars sources and lines the solves of an advectives and lines tens as regularly carried on into the solves organization in the solves organization is first, second, thind, fourth, or fifth tax years as section 501(c)(3) o		membership fees received. (Do not										
is benefit and either paid to or expended on its behalf i i i 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 i i i 5 The portion of total contributions by each person (other than a governmental unit or public) supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) i		include any "unusual grants.")	63,641,937.	71,337,288.	79,980,299.	76,026,087.	58,717,875.	349,703,486.				
or expended on its behalf	2	Tax revenues levied for the organ-										
3 The value of services or facilities furnished by a governmental unit to the organization without charge 63,641,937. 71,337,288. 79,980,299. 76,026,087. 58,717,875. 349,703,486. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 61,021. 62,0		ization's benefit and either paid to										
function by a governmental unit to the organization without charge 63,641,937. 71,337,288. 79,980,299. 76,026,087. 56,717,875. 349,703,486. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 61,641,937. 71,337,288. 79,980,299. 76,026,087. 56,717,875. 349,703,486. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 61,2015 (c) 2017 (c) 2018 (c) 2019 (f) Total colleadru year (or fieal year beginning in) b 63,641,937. 71,337,288. 79,980,299. 76,026,087. 58,717,875. 349,703,486. 7 Amounts from line 4. 63,641,937. 71,337,288. 79,980,299. 76,026,087. 58,717,875. 349,703,486. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 80,386. 144,933. 8,071. 17,261. 8,183. 258,834. 9 Net income from similar sources. 80,386. 144,933. 8,071. 17,261. 8,183. 256,136,541.		or expended on its behalf										
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Schedule A (Form 990 or 990-EZ) 2019 BENEVOLENT HEALTHCARE FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A. Public Support

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
Ŭ	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support		•					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,	
	check this box and stop here	<u></u>					·····	
Se	ction C. Computation of Publi	c Support Per	centage			, ,		
15	Public support percentage for 2019 (ine 8, column (f), d	livided by line 13, o	column (f))		15	%	
	Public support percentage from 2018					16	%	
Se	ction D. Computation of Inves	stment Income	e Percentage			, ,		
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%	
	Investment income percentage from					18	%	
19 a	19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶∟	
k	33 1/3% support tests - 2018. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	ind	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization		
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl				
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			15					

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Yes No

Part IV Supporting Organizations

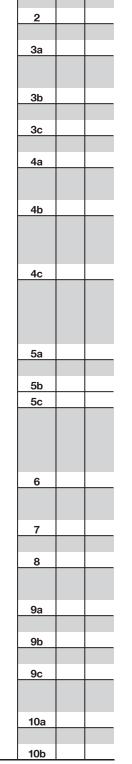
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 BENEVOLENT HEALTHCARE FOUNDATION

 Part IV
 Supporting Organizations (continued)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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Sche	dule A (Form 990 or 990-EZ) 2019 BENEVOLENT HEALTHCARE FOUNDATION			84-1568566	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust or	n Nov. 20, 1970 (explain in	Part VI). See instr	ructions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	ections A through E.	-	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2019

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instructions).

Schedule A (Form 990 or 990-EZ) 2019 BENEVOLENT HEALTHCARE FOUNDATION

	dule A (Form 990 or 990-EZ) 2019 BENEVOLENT HEALTHCA		ni-ationa	84–1568566 Page 7
	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	1
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
,	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 BENEVOLENT HEALTHCARE FOUNDATION	84-1568566	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi (See instructions.)	rt V, Section B, line 1e; Part IV, Section	n C,
932028 09-25-	9 Sche	dule A (Form 990 or 990	-EZ) 2019

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization					Em	ployer identification number
Der	BENEVOLENT HEALTHCARE FOUND						84-1568566
Par			er Si	milar	Funds of A	ccour	Its. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		-12			(1.) [
		(a) Donor a	avised	a tunas		(D) Fur	ids and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	•					
	are the organization's property, subject to the organization's of						Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of		-	· ·		•	
Par	impermissible private benefit? t II Conservation Easements. Complete if the org						Yes No
				s" on Fo	m 990, Part IV	, line 7	
1	Purpose(s) of conservation easements held by the organization	· ·	ply).				for a stand local succession
	Preservation of land for public use (for example, recreation of land for public use (for example, recreation)	tion or education)				-	important land area
	Protection of natural habitat			Preser	vation of a cen	ined ni	storic structure
0	Preservation of open space	ind concernation of	otvibu	tion in t	he form of a co		tion accoment on the last
2	Complete lines 2a through 2d if the organization held a qualif	led conservation co	ntribu	ition in t	ne form of a co	nserva	
-	day of the tax year.						Held at the End of the Tax Year
	Total number of conservation easements					2a 2b	
b	o y	ucture included in (a				20 2c	
	Number of conservation easements on a certified historic stru Number of conservation easements included in (c) acquired a					20	
u	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele						during the tax
5	year	eased, extinguished	, 01 10	anniale	d by the organ	Zation	during the tax
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	-	-	on han	dling of		
Ŭ	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,						
•	• • • • • • • • • • • • • • • • • • •		-,				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations. ar	id enf	orcina c	onservation ea	isemen	ts during the vear
-	► \$			<u>-</u>			
8	Does each conservation easement reported on line 2(d) above	e satisfy the require	ments	s of sect	ion 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	•					Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its	reven	ue and e	expense staten	nent an	d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	Ũ					
Par	t III Organizations Maintaining Collections of	Art, Historical	Trea	asures	, or Other S	Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	s reve	nue stat	ement and bal	ance sl	heet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educa	ation,	or resea	arch in furthera	nce of	public
	service, provide in Part XIII the text of the footnote to its finar	icial statements that	t desc	cribes th	ese items.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue	stateme	ent and balanc	e sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or	researc	h in furtheranc	e of pu	blic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1					. 🕨	\$
						•	\$
2	If the organization received or held works of art, historical trea	asures, or other sim	ilar as	sets for	financial gain,	provide	e
	the following amounts required to be reported under FASB A	SC 958 relating to t	hese i	items:			
а	Revenue included on Form 990, Part VIII, line 1	-					\$
	Assets included in Form 990, Part X						\$
	For Paperwork Reduction Act Notice, see the Instructions						Schedule D (Form 990) 2019
932051	10-02-19						

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued] collection items (check all that apply): a Photic exhibition d Loan or exchange program b Scholarly reasech e Other Other collection items (check all that apply): d Loan or exchange program e Other collection items (check all that apply): e Other Other Other collection items (check all that apply): e Other Other Other collection items (check all that apply): e Other Other Other Other collection items (check all that apply): e Other	Sche		HEALTHCARE FOU						84-156		P	_{age} 2
collection time (check all that apply): a b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of Ar</th> <th>t, Histo</th> <th>rical Tre</th> <th>easures, o</th> <th>r Othe</th> <th>r Simi</th> <th>ilar Assets</th> <th>s (contir</th> <th>nued)</th> <th></th>	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Othe	r Simi	ilar Assets	s (contir	nued)	
a Public exhibition d □ can or exchange program b Schairly research e □ Other	3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the t	following tha	t make s	ignifica	nt use of its		,	
b Scholary research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds attained as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an anount on Form 990, Part X, line 21. 1a Is the organization on form 990, Part X, line 21. Interview of the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Interview of the arganization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Interview of the arganization include an amount on Form 990, Part X, line 21. 2 Bid the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No 3 If the organization answered 'Yes' on Form 990, Part X, line 10. Interview parts back. (e) four years back. 4 Additions during the year (d) Current year (e) four years back. (f) four years back. 5 Contributors (e) Current year modulation has been provided on Part XiII (f) four years back.		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets 10 be said to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization and explicit the organization answered 'Yes' on Form 990, Part X, line 21. 1a is the organization and explicit the organization or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization and explicit the organization solution is out the assets on the organization for the asset of the organization and the arrangement in Part XIII and complete the following table: 14 Thesi's explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII 1b During balance 1c 1a 1b Interview in the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1c 1a 1a 1a 1b 1a 1b 1b 1c 1a 1c	а	Public exhibition	c	1 🗌 L	oan or exc	hange progra	am					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 3. a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? c Beginning balance d Additions during the year tel d. d. d. Additions during the year tel d.	b	Scholarly research	e	• 🗌 c	ther							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X illi and complete the following table:	с	Preservation for future generations										
to be sold to raise funds: rather than to be maintained as part of the organization is collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Id Amount c Beginning balance Id Id Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, lor escrow or custodial account liability? Yes No D If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Im Im Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Im Im Im 9 Chrinbutions Im Im Im Im Im 1a Beginning of year balance Im Im Im Im Im<	4	Provide a description of the organization's co	ellections and explain	n how the	y further th	ne organizatio	on's exe	mpt pu	pose in Part	XIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account tability? No b Ending balance If Image: Complete intermediary for escrow or custodial account tability? Ne c Intermediary for exclosinal balance been provided on Part XIII Image: Complete intermediary for escrow or custodial account tability? Ne Ne Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization account tability? Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete	5	During the year, did the organization solicit of	r receive donations	of art, hist	orical treas	sures, or othe	er simila	r assets				
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X No b if 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d Additions during the year 1d 2n Dt the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization nawered 'Yes' on Form 980, Part XIII Part X Ine 21, for escrow or custodial account liability? Ves No b ft ryes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, ine 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, ine 10. (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Administrative expenses] No
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 90, Part X? IVes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Com	Par			ete if the o	organizatio	on answered	"Yes" or	n Form 9	990, Part IV,	line 9, or		
on Form 990, Part X2 Ves No b If 'Yes,'' explain the arangement in Part XII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d 2 Distributions during the year 1d 2 Distributions during the year 1d 2 Distributions during the year 1f Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Ourrent year (b) Prior year (c) Three years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) (d) Administrative expenses (d) Administrative expenses (d) Administrative expenses (d) Administrative expenses <td>10</td> <td></td> <td></td> <td>lion for or</td> <td>optribution</td> <td>o or other co</td> <td>aata pat</td> <td>inaluda</td> <td>d</td> <td></td> <td></td> <td></td>	10			lion for or	optribution	o or other co	aata pat	inaluda	d			
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a											
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custolial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custolial account liability? Yes No B Did the organization include an amount on Form 990, Part X, line 21, for escrew or custolial account liability? Yes No B Did the organization include an amount on Form 990, Part X, line 21, for escrew or custolial account liability? Yes No B Did the organization include an amount on Form 990, Part X, line 21, for escrew or custolial account liability? Yes No B Did Tryes, "explain the arrangement in Part XIII. Check here if the organization nawered Yes' on Form 990, Part IV, line 10. Id Id B Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Cother expenofitures for facilities (a)	h								L	_ res		
c Beginning balance 1c d Additions during the year 1d d Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial accounti lability? Yes No b If 'yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: State St	b		and complete the lo	nowing ta	DIE.					Amoun	+	
d Additions during the year 1d e Distributions during the year 1d f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back g End of year balance (a) Current year end balance (line 1g, column (a) held as: (a) current year end balance (line 1g, column (a) held as: (b) Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment ▶ % % % % b Permanent endowment ▶ % % % % % % t Here endowment ▶ % % % % % % % % % % <th>•</th> <th>Reginning balance</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Amoun</th> <th>ι<u></u></th> <th></th>	•	Reginning balance								Amoun	ι <u></u>	
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f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Control stratus for facilities (a) Current year end balance (iii at years) (iii at years) (iii at years) (iii at years) (iii a												
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (c) Three years back (c) Four years (c) Four years back (c) Four years (c) Four years back (c) Four years (c) Foury ye									·	Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (b) Control (c) Two years back (d) Three years back (e) Four years back Contributions (c) Two years back (d) Three years back (e) Four years back Contributions (c) Two years back (d) Three years back (e) Four years back Contributions (c) Two years back (f) Three years back (e) Four years back Contributions (c) Two years back (f) Three years back (f) Three years back Contributions (c) Two years back (f) Three years back (f) Three years back Ge There penditures for facilities (f) Administrative expenses (f) Administrative expenses (f) Administret Ge Term endowment ▶		-						•				1
a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions												
b Contributions									ee years back	(e) Four	r years	back
b Contributions	1a	Beginning of year balance							-			
c Net investment earnings, gains, and losses												
e Other expenditures for facilities and programs	с											
e Other expenditures for facilities and programs	d	Grants or scholarships										
f Administrative expenses												
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations listed as required on Schedule R? 2 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1,178,000. 1,178,000. 1,178,000. b Buildings 7,244,322. 2,443,284. 4,801,038. c Leaschold improvements 8,	f	Administrative expenses										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d Term endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation d at and	g	End of year balance										
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) (iii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Description of property (a) Cost or other (b) Cost or other (c) Accumulated Image: Description of property (a) Cost or other (b) Cost or other (c) Accumulated Image: Description of property (a) Cost or other (b) Cost or other (c) Accumulated Image: Description of property (a) Cost or other (b) Cost or other (c) Accumulated Image: Description of property (a) Cost or other (b) Cost	2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g,	column (a)) held as:						
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Yes No. Part VI Land, Buildings, and Equipment. Sob or other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Ia Land 1,178,000. 1,178,000. b Buildings 7,244,322. 2,443,284. 4,801,038. c Leasehold improvements 8,561. 8,561. 8,561. d Equipment 371,551. 195,799. 175,752. e Other 481,676. 291,234. 190,442.	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(i) 3b it "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1,178,000. 1,178,000. 3,71,551. 1,95,799.	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) 3	с	Term endowment	%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements d Equipment d Equipment e Other												
(i) Unrelated organizations 3a(i) 3a(i) (ii) Related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,178,000. 1,178,000. 1,178,000. b Buildings 7,244,322. 2,443,284. 4,801,038. c Leasehold improvements 8,561. 8,561. 8,561. d Equipment 371,551. 195,799. 175,752. e Other 481,676. 291,234. 190,442.	3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administe	red for th	ne orga	nization			
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,178,000. 1,178,000. b Buildings 7,244,322. 2,443,284. 4,801,038. c Leasehold improvements 8,561. 8,561. 8,561. d Equipment 371,551. 195,799. 175,752. e Other 481,676. 291,234. 190,442.		-									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,178,000. 1,178,000. b Buildings 7,244,322. 2,443,284. 4,801,038. c Leasehold improvements 8,561. 8,561. d Equipment 371,551. 195,799. 175,752. e Other 481,676. 291,234. 190,442.												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d 8,561. d Equipment e Other 4 481,676. 291,234. 190,442.		(ii) Related organizations										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,178,000. 1,178,000. 1,178,000. b Buildings 7,244,322. 2,443,284. 4,801,038. c Leasehold improvements 8,561. 8,561. d Equipment 371,551. 195,799. 175,752. e Other 481,676. 291,234. 190,442.	b									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land1,178,000.1,178,000.1,178,000.b Buildings7,244,322.2,443,284.4,801,038.c Leasehold improvements8,561.8,561.d Equipment371,551.195,799.175,752.e Other481,676.291,234.190,442.	<u> </u>			wment fu	nds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,178,000. 1,175,10.	Fai											
basis (investment) basis (other) depreciation 1a Land 1,178,000. 1,178,000. b Buildings 7,244,322. 2,443,284. 4,801,038. c Leasehold improvements 8,561. 8,561. d Equipment 371,551. 195,799. 175,752. e Other 481,676. 291,234. 190,442.				1						<i>(</i> -) -		
b Buildings 7,244,322 2,443,284 4,801,038 c Leasehold improvements 8,561 8,561 d Equipment 371,551 195,799 175,752 e Other 481,676 291,234 190,442		Description of property								(d) Boo	k valu	е
b Buildings 7,244,322. 2,443,284. 4,801,038. c Leasehold improvements 8,561. 8,561. d Equipment 371,551. 195,799. 175,752. e Other 481,676. 291,234. 190,442.	1a	Land	L		1	,178,000.				1	,178,	000.
c Leasehold improvements 8,561. 8,561. d Equipment 371,551. 195,799. 175,752. e Other 481,676. 291,234. 190,442.					7	,244,322.		2,44	3,284.	4	,801,	038.
d Equipment 371,551. 195,799. 175,752. e Other 481,676. 291,234. 190,442.						8,561.					8,	561.
e Other						371,551.		19	5,799.		175,	752.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						481,676.		29	1,234.		190,	442.
	Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. columr	n (B), line 1	0c.)			🕨	6	,353,	793.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	45,139.
(3)	
(4)	

(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (R) line 25.)	45,139.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Pai	t XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12		evenue per Re	turn.	
1	Tabel and a second s			1	59,031,351.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, , ,
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		317,967.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		60,862.		
е	Add lines 2a through 2d			2e	378,829.
3	Subtract line 2e from line 1			3	58,652,522.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	ments With E	Expenses per F	5 Return.	58,652,522.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	58,448,643.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	317,967.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)		60,862.		
е	Add lines 2a through 2d			2e	378,829.
3	Subtract line 2e from line 1			3	58,069,814.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	58,069,814.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			, , , . 	
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
BOOF	-TAX DIFFERENCE IN RENTAL EXPENSES	60,862.			
PART	Y XII, LINE 2D - OTHER ADJUSTMENTS:				
BOOF	-TAX DIFFERENCE IN RENTAL EXPENSES	60,862.			
00005	1 10 02 10			Schodul	D (Earm 000) 2010
93205	10-02-19			Schedule	e D (Form 990) 2019

BENEVOLENT HEALTHCARE FOUNDATION

19341215 147228 115972

Schedule D (Form 990) 2019

84-1568566

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Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region CENTRAL AMERICA AND THE CARIBBEAN (INCLUDING 5 COUNTRIES) PROGRAM SERVICES SHIP MED. CONTAINERS 7,304,305. EUROPE (INCLUDING 2 COUNTRIES) PROGRAM SERVICES SHIP MED. CONTAINERS 1,222,955. NORTH AMERICA (INCLUDING 1 COUNTRY) PROGRAM SERVICES SHIP MED. CONTAINERS 4,783,517. RUSSIA AND NETGHBORING STATES (INCLUDING 4 COUNTRIES) PROGRAM SERVICES SHIP MED. CONTAINERS 2,287,795. SOUTH AMERICA (INCLUDING 2 COUNTRIES) PROGRAM SERVICES SHIP MED. CONTAINERS 1,188,218. SOUTH ASIA (INCLUDING 5 COUNTRIES) PROGRAM SERVICES SHIP MED. CONTAINERS 2,999,629. SUB-SAHARAN AFRICA (INCLUDING 23 COUNTRIES) PROGRAM SERVICES SHIP MED. CONTAINERS 22,175,241. 0 0 41,961,660. 3 a Subtotal **b** Total from continuation 0 0 0. sheets to Part I Totals (add lines 3a С 0 0 41,961,660. and 3b) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2019

X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

Name of the organization BENEVOLENT HEALTHCARE FOUNDATION

Form 990, Part IV, line 14b.

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Employer identification number

84-1568566



No

Schedule F (Form 990) 2019 BENEVOLENT HEALTHCARE FOUNDATION 84-1568566 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ns listed above that are r	ecognized as charities by the f	oreign country u	recognized as tax-ex	emnt		

tal number of recipient orga bove that are recognized as charities by th by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2019

Page 2

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Schedule F (Form 990) 2019	BENEVOLENT HEALTHC	ARE FOUNDATIO	N	8	4-1568566		Page 3
Part III Grants and Other Assistan			ites. Complete i	if the organization answered "Yes" of	on Form 990, Part	t IV, line 16.	
Part III can be duplicated if a	additional space is neede		1	Ι	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

932073 10-12-19

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 BENEVOLENT HEALTHCARE FOUNDATION

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROJECT C.U.R.E. ENSURES GRANT FUNDS AND OTHER ASSISTANCE ARE USED AS

INTENDED THROUGH THE FOLLOWING MONITORING PROCEDURES:

1. RECIPIENT FACILITIES ARE REQUESTED TO COMPLETE A WEB-BASED IMPACT

EVALUATION SURVEY AFTER RECEIPT OF THEIR CARGO SHIPMENT.

2. WHEN FUNDING IS AVAILABLE, A PROJECT C.U.R.E. REPRESENTATIVE IS SENT

TO THE RECIPIENT FACILITY TO MONITOR AND EVALUATE THE EQUIPMENT AND

SUPPLIES SENT.

3. MANY OF PROJECT C.U.R.E.'S GRANT PARTNERS HAVE A LOCAL PRESENCE, SO

THEY WILL PROVIDE ADDITIONAL OVERSIGHT AND EVALUATION OF THE IMPACT OF

THE GOODS DELIVERED.

19341215 147228 115972

932075 10-12-19

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ing or Gaming A	ctiv	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	, or if the	2019					
	c		Open to Public					
Department of the Treasury Internal Revenue Service	► Go		Inspection					
Name of the organization		URAL WUCARD, BOUNDARTON						entification number
Part I Fundrais		HEALTHCARE FOUNDATION Complete if the organization answe	red "Y	es" or	Form 990 Part IV I	line 1	84-156856	
	complete this part							
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pr riduals or entities (fundraisers) pursu	ion of ion of fundra (includ	non-g gover iising o ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees	Yes	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				·
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	l it is	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z	Sche	dule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 BENEVOLENT HEALTHCARE FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					(add col. (a) through
		GOLF TOURNAMENT	HIGH ROLLER EVENT	10	
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	294,420.	69,836.	323,707.	687,963.
2	Less: Contributions	236 420.	52 661.	285 160.	574,241.
2					
3	Gross income (line 1 minus line 2)	58,000.	17,175.	38,547.	113,722.
4	Cash prizes				
			1 000	44 400	45.004
5	Noncash prizes	4,071.	1,822.	11,428.	17,321.
6	Rent/facility costs	48,000.	18,557.	27,424.	93,981.
7	Food and beverages	54,164.	22,190.	50,022.	126,376.
8	Entertainment	1 500.	6 665.	12 477.	20,642.
				,	36,483.
-			-,•	,	294,803.
					-181,081.
			000 Dort IV line 10 or w		101,001.
	9 een piete in the english attention	answered res on Form	1990, Part IV, III e 19, Or f	eported more trian	
	\$15,000 on Form 990-EZ, line 6a.	1			
: : : :	2 4 5 7 8 9 10 11	 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 11 Net income summary. Subtract line 10 from I 	1 Gross receipts 294,420. 2 Less: Contributions 236,420. 3 Gross income (line 1 minus line 2) 58,000. 4 Cash prizes 4,071. 5 Noncash prizes 4,071. 6 Rent/facility costs 48,000. 7 Food and beverages 54,164. 8 Entertainment 1,500. 9 Other direct expenses 5,756. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Gaming. Complete if the organization answered "Yes" on Form	(event type) (event type) 1 Gross receipts 294,420. 69,836. 2 Less: Contributions 236,420. 52,661. 3 Gross income (line 1 minus line 2) 58,000. 17,175. 4 Cash prizes 4,071. 1,822. 5 Noncash prizes 48,000. 18,557. 6 Rent/facility costs 48,000. 18,557. 7 Food and beverages 54,164. 22,190. 8 Entertainment 1,500. 6,665. 9 Other direct expenses 5,756. 9,957. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 19, or references	(event type) (event type) (total number) 1 Gross receipts 294,420. 69,836. 323,707. 2 Less: Contributions 236,420. 52,661. 285,160. 3 Gross income (line 1 minus line 2) 58,000. 17,175. 38,547. 4 Cash prizes 4,071. 1,822. 11,428. 5 Noncash prizes 4,071. 1,822. 11,428. 6 Rent/facility costs 48,000. 18,557. 27,424. 7 Food and beverages 54,164. 22,190. 50,022. 8 Entertainment 1,500. 6,665. 12,477. 9 Other direct expenses 5,756. 9,957. 20,770. 10 Direct expense summary. Add lines 4 through 9 in column (d) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Reve	1	Gross revenue						
es	2	Cash prizes						
stens	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %			
	7	Direct expense summary. Add lines 2 through	5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•			
	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 							
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:							

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Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 BENEVOLENT HEALTHCARE FOUNDATION	84-156	8566	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	_	Yes	No
13	Indicate the percentage of gaming activity conducted in:	–		
a	a The organization's facility	[1	3a	%
k	• An outside facility	[1	3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amour	nt		
	of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	[Yes	No
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
	organization's own exempt activities during the tax year s			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	าd Part II	l, lines 9,	9b, 10b,
9320	83 09-11-19 Schedule G	(Form 9	90 or 99	D-EZ) 2019
- = 0	32			.,

Schedule G (Form 990 or 990-EZ)

SCHE	DULE J	Compens	ation Information	I	OMB No. 1	545-004	47	
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest					0040		
•	Compensated Employees					2019		
	Pepartment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
	nt of the Treasury evenue Service) for instructions and the latest information.		Inspe			
Name o	f the organizatior			Employer id	entificatio	on nui	nber	
		BENEVOLENT HEALTHCARE FOUND	DATION	84-15	68566			
Part	Question	Regarding Compensation						
						Yes	No	
1a Ch	eck the appropri	ate box(es) if the organization provided any o	of the following to or for a person listed on Form	990,				
Pa	rt VII, Section A,	ine 1a. Complete Part III to provide any relev	vant information regarding these items.					
	First-class or c	harter travel	Housing allowance or residence for perso	nal use				
	Travel for com		Payments for business use of personal re-					
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fee					
	Discretionary s	pending account	Personal services (such as maid, chauffer	ır, chef)				
_								
	,		follow a written policy regarding payment or					
			ove? If "No," complete Part III to explain		. <u>1b</u>			
	-		or allowing expenses incurred by all directors,					
tru	stees, and office	s, including the CEO/Executive Director, reg	arding the items checked on line 1a?		. 2			
•								
			establish the compensation of the organization's					
		,	boxes for methods used by a related organization	on to				
est	- ·	tion of the CEO/Executive Director, but expl						
	Compensation		Written employment contract					
	- ·	ompensation consultant	Compensation survey or study					
	_ Form 990 of of	her organizations	X Approval by the board or compensation c	ommittee				
4 Du	iring the vear. did	any person listed on Form 990, Part VII, Sec	ction A. line 1a. with respect to the filing					
		ated organization:	······					
		e payment or change-of-control payment?			4a		x	
			lified retirement plan?				X	
			nsation arrangement?				X	
		es 4a-c, list the persons and provide the app						
On	nly section 501(c	(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.					
5 Fo	r persons listed c	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n				
CO	ntingent on the re	evenues of:						
a Th	e organization?				5a		X	
b An	y related organiz	ation?			5b		X	
lf "	Yes" on line 5a c	r 5b, describe in Part III.						
6 Fo	r persons listed o	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n				
	ntingent on the n	0						
							X	
					6b		X	
		r 6b, describe in Part III.						
			the organization provide any nonfixed payments					
not described on lines 5 and 6? If "Yes," describe in Part III							X	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
		otion described in Regulations section 53.49			8		X	
		d the organization also follow the rebuttable						
					9			
LHA F	or Paperwork Re	duction Act Notice, see the Instructions f	or Form 990.	Schedu	le J (Forn	n 990)	2019	

932111 10-21-19

Page 2

 Schedule J (Form 990) 2019
 BENEVOLENT HEALTHCARE FOUNDATION
 84-1568566

 Part II
 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(b)(i)-(D)	
(1) W DOUGLAS JACKSON	(i)	186,384.	0.	2,903.	0.	21,644.	210,931.	0
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

932112 10-21-19

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 Schedule J (Form 990) 2019
 BI

 Part III
 Supplemental Information
 BENEVOLENT HEALTHCARE FOUNDATION

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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Schedule J (Form 990) 2019

84-1568566

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ

Employer identification number

Department of the Treasury					
Internal Revenue Service					

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

19 ZU **Open to Public** Inspection

Name of the organization

JEVOLENT	HEALTHCARE	FOUNDATION	

	BENEVOLENT HEALTHC	ARE FOUNI	DATION			84-1	56856	6	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor	(d) Method of de ncash contribu	etermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	14	101,603.	FMV				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (<u>MEDICAL EQUIP</u>)	Х	126,602	49,413,206.	FMV				
26	Other ► ()								
27	Other ► ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions					
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	gement 29				50	
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, th	at it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed for				
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribut	ions?		31	X	<u> </u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is chec	ked,				
	describe in Part II.								
1 1 1 A	For Denominary Deduction Act Nation and	نمينية معال	liana fau Fauna 000	`		Cabadula		- 000	0040

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

84-1568566 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information.

	20	
932142 09-27-19		Schedule M (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ	OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		Open to Public
Internal Revenue Service Name of the organizatio	Go to www.irs.gov/Form990 for the latest information. n BENEVOLENT HEALTHCARE FOUNDATION		Inspection identification number
	, LINE 3, CHANGES IN PROGRAM SERVICES:		
<u></u>	, HINE 5, CHANGED IN FROMAN DERVICED.		
IN PRIOR YEARS, AI	L OF THE DONATED MEDICAL EQUIPMENT AND SUPPLIES WERE		
SENT TO OTHER COUN	TRIES WHERE HEALTHCARE IS VERY MINIMALLY AVAILABLE.		
DUE TO THE COVID C	RISIS EXPERIENCED HERE IN THE UNITED STATES, IN MID		
MARCH 2020 PROJECT	C.U.R.E. PIVOTED AND BEGAN DELIVERING ONLY TO U.S.		
BASED HEALTHCARE F	ACILITIES - HOSPITALS, CLINICS, NURSING HOMES, WITH		
THE INTENDED PURPO	SE OF MAKING AS MUCH PPE AVAILABLE AS POSSIBLE.		
PROJECT C.U.R.E. W	AS SOLELY FOCUSED ON U.S. RELIEF EFFORTS THROUGH MAY		
31, 2020 AS SHIPPI	NG INTERNATIONALLY HAD COME TO A COMPLETE STANDSTILL.		
SINCE JUNE 2020, E	ROJECT C.U.R.E. IS SHIPPING AGAIN INTERNATIONALLY AND		
STILL DELIVERING F	PPE EQUIPMENT AND SUPPLIES DOMESTICALLY.		
FORM 990, PART VI,	SECTION A, LINE 2:		
DR. JAMES JACKSON,	FOUNDER OF PROJECT C.U.R.E., AND DR. W. DOUGLAS JACKSON,		
PRESIDENT & CEO, H	AVE A FAMILY RELATIONSHIP.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 IS EM	AILED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW BEFORE		
FINALIZING.			
FORM 990, PART VI,	SECTION B, LINE 12C:		
WRITTEN DISCLOSURE	IS REQUIRED TO BE SUBMITTED ANNUALLY.		
FORM 990, PART VI,	SECTION B, LINE 15:		

THE BOARD OF DIRECTORS SET THE COMPENSATION LEVEL OF ALL OFFICERS OF THE

CORPORATION - CONSIDERATIONS INCLUDE THE BOARD MEMBERS' PERSONAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization BENEVOLENT HEALTHCARE FOUNDATION	Employer identification number 84-1568566
EXPERIENCE/EXPERTISE FOR COMPENSATION PACKAGES OF SIMILARLY SIZED	
ORGANIZATIONS, AS WELL AS INFORMATION PROVIDED FROM THE COLORADO	
ASSOCIATION OF NON PROFITS BI-ANNUAL SALARY SURVEY REPORT.	

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE COLORADO SECRETARY OF

STATE. FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ORGANIZATION'S

WEBSITE, THE COLORADO SECRETARY OF STATE, GUIDESTAR, AND CHARITY NAVIGATOR.

THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST.

19341215 147228 115972

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Comp	Related Organizations a lete if the organization answered "Y Attact Go to www.irs.gov/Form990 for	es" on Form 990, Part IV, li h to Form 990.	ine 33, 34, 35b, 36	6, or 37.			201	9 ublic
Name of the organizati	ON BENEVOLENT HEALTHCAR	H					yer identil -156856	ication nu	
Part I Identificati	on of Disregarded Entities. Comple	te if the organization answered "Yes" o	on Form 990, Part IV, line 33	l.					
· · · · · ·	(a) ress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total incor	(e) ne End-of-year a				1
LLC, 10377 E GEDE CENTENNIAL, CO 8	CARE FOUNDATION OF DENVER, DES AVENUE, SUITE 200, 0112 ICARE FOUNDATION OF	TO HOLD OWNERSHIP OF FACILITY IN CENTENNIAL CO & TO PROTECT THE ASSET TO HOLD OWNERSHIP OF THE	COLORADO		0. 3,375,	FOU 730.C.U	NDATION	DBA PRO	JECT
	.0377 E GEDDES AVENUE, SUITE	-	COLORADO	254,	720. 2,621,		NDATION		
	on of Related Tax-Exempt Organization of Related Tax-Exempt Organization of the tax year.	ations. Complete if the organization ar	iswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one of	more relat	ted tax-exe	empt	
	(a) e, address, and EIN elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	domicile (state or Exempt Code Public charity		(f Direct co ent	ontrolling	contr	olled
		-							
		-							
		-						(f) Controlling ntity HEALTHCARE DBA PROJECT HEALTHCARE DBA PROJECT mpt Section 512(b)(controlled entity?	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

932161 09-10-19 LHA

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Schedule R (Form 990) 2019 BENEVOLENT HEALTHCARE FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a particles inplotting the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		Disproportionate allocations? Code V-UBI amount in box 20 of Schedule		partne	or Percentage ownership
		country)		sections 512-514)			Yes	No		Yes I	lo
	1										
	-										
	-										
	-										
	-										
	-										
	-										
	4										

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity?
		country)		,				Yes	No
	1								
									<u> </u>
									<u> </u>
932162 09-10-19		1	I	I		0	dule B (Forr	- 000	

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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 BENEVOLENT HEALTHCARE FOUNDATION			84-15685	56	Р	age 3
Part V Transactions With Related Organizations. Complete if the organization and	nswered "Yes" on Forr	n 990, Part IV, line 34, 35b	, or 36.			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transaction						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled ent	iity			1a		
b Gift, grant, or capital contribution to related organization(s)				1b		
c Gift, grant, or capital contribution from related organization(s)				1c		
d Loans or loan guarantees to or for related organization(s)				1d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1g		
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		
I Performance of services or membership or fundraising solicitations for related org	ganization(s)			11		
m Performance of services or membership or fundraising solicitations by related org	anization(s)			1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1p		
q Reimbursement paid by related organization(s) for expenses				10		
4 1 7 5 (7 1						
r Other transfer of cash or property to related organization(s)				1r		
s Other transfer of cash or property from related organization(s)				1s		
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	/olved		
(1)						
<u>19</u>						
(2)						
<u>(3)</u>						
(*)						
<u>(5)</u>						

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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 BENEVOLENT HEALTHCARE FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	Are a partners 501 (c) orgs) all s sec.	(f) Share of	(g) Share of	(I Disp	h) ropor-	(i) Code V-UBI	(j) General	(k) or Percentage
of entity		(state or foreign country)		501(c orgs Yes		total income	end-of-year assets	tio alloca Yes	nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managir partner Yes N	⁹ ownership
				$\left \right $								
											$\left \right $	
												_

Schedule R (Form 990) 2019

932164 09-10-19

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2019

932165 09-10-19